

PROVIDER BULLETIN

No. 16-01

(supersedes 11-22)

DATE: January 7, 2016

TO: Physicians and Mid-level Practitioners Participating in Nebraska Medicaid Program

FROM: Calder Lynch, Director 
Division of Medicaid & Long-Term Care

BY: Leah Spencer, Program Specialist, RN

RE: Medicaid Coverage of Physical & Occupational Therapy

Please share this information with administrative clinical, and billing staff.

This provider bulletin replaces PB 11-22 (dated May 9, 2011). The purpose of this bulletin is to inform providers that effective January 15, 2016, physician and nurse practitioner orders for physical and occupational therapy will be required every sixty (60) days after the initial 60 days of therapy. This is a change from the current requirement of a physician order every thirty (30) days after the first 60 days of therapy services.

This bulletin does not apply to school based services (see Nebraska Administrative Code [NAC] 471 25).

NE Medicaid covers physical and occupational therapy services that are medically necessary (see 471 NAC 1-002.02A). All services must be restorative and with a medically appropriate expectation that the client's condition will improve significantly in a reasonable amount of time.

Therapy services must be ordered by a physician or nurse practitioner **before** services are provided. An order will be required every 60 days from the initial physician order for the therapy services then every 60 day thereafter. Each order must include:

- The need for therapy services, including a diagnosis which is appropriate for physical or occupational therapy treatment
- The treatment goals and the anticipated length of services

Patient file documentation must be maintained and be available upon request to include but not limited to:

- The physician/nurse practitioner order for evaluation and/or treatment
- Therapy evaluation and the plan of care
- Daily treatment notes detailing therapy treatment and the client's response to the therapy
- Progress notes or lack of progress must be documented
- Name and credentials of the therapist providing the therapy

NE Medicaid does not provide reimbursement for the following services:

- Sensory integrative techniques to enhance sensory processing and promote adaptive response to environmental demands
- Therapy to facilitate communication
- Learning disorders or services that are formal educational services in academic subjects
- Functional capacity evaluations
- General exercises to promote overall fitness, flexibility or weight reduction
- Maintenance therapy (see 471 NAC 17-003.03 for physical therapy and NAC 14-003.03 for occupational therapy)
- Experimental/investigational services
- Documentation time, travel time, or time spent consulting regarding the client (Nebraska Medicaid only reimburses for face-to-face treatment time)

Regulations regarding physical therapy may be found at: http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-17.pdf

Regulations regarding occupational therapy may be found at: http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-14.pdf

Questions regarding this bulletin may be directed to Leah Spencer, Program Specialist, at 402-471-9368 or via email at: MLTCphysicalhealth@nebraska.gov